Arizona Department of Economic Security Division of Developmental Disabilities Request for Qualified Vendor Applications ("RFQVA") # DDD 710000

APPLICATION SUBMITTAL CHECKLIST Application Submittal Checklist

To assure a complete submission of your Qualified Vendor Application ("QVA") to the Division of Developmental Disabilities ("Division") in response to the "Request for Qualified Vendor Applications ("RFQVA") # DDD 710000", please follow the designated steps below. The Division must receive one complete original of all of the submitted items listed below.

1. <u>Hardcopies of Section 1 through Section 8 of the Application that were submitted</u> electronically in the Qualified Vendor Application and Directory System ("QVADS") via the Division's website:

Electronic submission completed. You have (1) activated the electronic submission, (2) received a submittal confirmation email, and (3) generated the official printable version of your electronic submission for each of the sections listed below. The official printable version includes your computer_generated contract number.

Document Required	Document Attached	DDD Use Only
Section 1:a. Application & Qualified Vendor Agreement Award (original signature required)		
Section 2:b. Vendor Contract Information		
Section 3:e. Assurances & Submittals Form (original signature required)		
Section 4:d. Vendor Policies		
Service Sites are required for: • Center-Based Employment • Group Homes, including Nursing Supported Group Homes and • Day Treatment and Training Sites (if applicable), • Vendor Supported Developmental Home • Individually-Designed Living Arrangement (funded as HID/daily rate) *Note: Section 5 has been combined with the former Section 6 (formerly Service Sites); there is no longer a separate Section 6.		
Section 7:e. Services		

Section 8:f. Service Level Detail		
2. Original Signature on Application page (1a above).		
Original Signature on Assurances and Submittals page (1b above).		
7. Corporate ownership/affiliation organizational chart (if required).		
Hardcopies of the information required if you answered "YES" to designate	d Assuranc	ees

Hardcopies of the information required if you answered "YES" to designated Assurances in Section 3, Assurances & Submittals Form, in QVADS:

Document Required	Document Attached	DDD Use Only
<u>a)11.</u> Explanation and status of revocation, denial, or suspension of license, certification, and/or registration if you answered YES to <u>AssuranceQuestion</u> <u>35 on Assurances and Submittals section</u> .		
<u>b)12.</u> Description of contracts terminated if you answered YES to <u>AssuranceQuestion 46</u> on Assurances and Submittals section.		
c) Description of contract lawsuits if you answered YES to Assurance 5.		
<u>d)13.</u> Summary of suits or judgments pending or entered if you answered YES to <u>AssuranceQuestion 67</u> on Assurances and Submittals section.		
e)14. Information regarding convictions related to Medicare, Medicaid, or the State Children's Health Insurance Program if you answered YES to AssuranceQuestion 78 on Assurances and Submittals section.		
<u>f)15.</u> Information regarding conviction of a felony if you answered YES to <u>AssuranceQuestion 89</u> on Assurances and Submittals section.		
g)16. Explanation of noncompliance with any civil rights requirements if you answered YES to AssuranceQuestion 910 on Assurances and Submittals section.		
h) Explanation of suspension or debarment if you answered YES to Assurance 10.		
i) Explanation of pending suspension or debarment if you answered YES to Assurance 10.2.		
j) Disclosure statement for any judgments, tax deficiencies, or claims pending or entered if you answered YES to Assurance 11.		
k) -Final Court-approved order disposing of the bankruptcy case if you answered YES to Assurance 12.		
1) An organizational chart that demonstrates ownership and/or corporate affiliations is you answered YES to Assurance 13.		

m)17. Conflict/potential conflict of interest disclosure statement if you answered YES to AssuranceQuestion 142 on Assurances and Submittals section.	
<u>n)</u> 18. Substantial interest disclosure statement if you answered YES to <u>AssuranceQuestion</u> 153 on Assurances and Submittals section.	
on Subcontractor information if you answered YES to Assurance Question 19 on Assurances and Submittals section.	
p) Name and affiliation of each consultant if you answered YES to Assurance 27.	
q) Name of each Applicant that submitted an Application and/or the name of each awarded QVA that was used as a resource if you answered YES to Assurance 28.	
19. Explanation of pending suspension or debarment if you answered YES to Question 15 on Assurances and Submittals section.	
20. Disclosure statement for any judgments, tax deficiencies, or claims pending or entered if you answered YES to Question 20 on Assurances and Submittals section.	
21. Court approved order disposing of the bankruptcy case if you answered YES to Question 23 on Assurances and Submittals section.	

3. Hardcopies of the applicable Attachments C through J found in Section 9 of the RFQVA on the Division's website (https://www.azdes.gov/main.aspx?menu=96&id=4792):

23. One complete original and one copy of all submitted information listed in items 1 through 22 above.

	Document Required	Document Attached	DDD Use Only
Section 9, Attachment C:	4. Original Signature on Certification Regarding Lobbying (Attachment C)(original required)		
Section 9, Attachment D:	5. Original Signature on Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction (Attachment D)(original signature required)		
Section 9, Attachment E:	28. Assurances & SubmittalsHardcopy Data Sharing Agreement (original signatures required)		
Section 9, Attachment F:	Qualified Vendor Supported 25. Submitted required documentation for Developmental Home Third Three_Party Agreement (original signatures required)		
	[This attachment is only required if the Applicant is applying for the service of Vendor Supported Developmental Home]		

Section 9, Attachment G: 24. Submitted required documentation for Request for Search of Central Registry for Background Check	
Section 9, Attachment H: Business Plan	
Section 9, Attachment I: 26. Completed Contractor's Pandemic Planning ChecklistContingency Plan	
Section 9, Attachment J: 27. Completed and Submitted Business Associate Agreement (original signature required)	

4. Hardcopies of other required documents:

	Document Required	Document Attached	DDD Onl
<u>a) 8.</u>	Current State of Arizona Substitute W-9 form (original signature required)		
<u>b)</u> 9F	Financial statements documentation as required:		
1)	A complete audited financial statement for the prior fiscal year. Submit a copy of the Management Letter and Auditor's Opinion from external auditors which were prepared in conjunction with the most recent annual audit.		
	A) If the Management Letter or Auditor's Opinion identifies any findings or concerns, include a brief description of any corrective action(s) taken to resolve them.		
	B) If no audit has been performed, provide an explanation about the reason for it not being performed and submit a copy of the most recent annual financial statements and current bank reference(s).		
2)	For Applicants that do not have an audited financial statement, submit quarterly financial statements for the prior fiscal year, including revenues and expenditures.		
3)	For Applicants that do not have an audited financial statement or quarterly financial statements for the prior fiscal year, submit a personal financial statement and the last three (3) years of personal income tax returns of the Applicant (if an individual) or the last three (3) years of income tax returns of the Applicant (if an entity).		
	A) If a corporation, submit a corporate business plan, including pro forma projections of income, expenses, and cash flows for the next three (3) years.		
4)	If the Applicant is a newly formed corporation or other entity, submit a corporate business plan and pro forma projections of income, expenses, and cash flows for the next three (3) years and the current personal financial statements and copies of the personal income tax returns for the most recent three (3) years filed by the Applicant's Chief Executive Officer.		
-10. Ce	ertificates of Insurance (if submitting at this time)		
c <u>) 6. (</u> •	Original signature on signature page of each RFQVA Aamendment issued: RFQVA DDD # 710000 Amendment 1a N/A		